

ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

is return should preferably be made
the person who made the original)

SUPPLEMENTARY REPORT OF BIRTH

County Registrar's No.*.....

Place of Birth Globe, Gila County..... No..... St.
(Registration District)

SEX OF CHILD*	Twin Triplet or other?	{ and }	Number* in order of birth
female			

DATE OF BIRTH* Sept. 28 1894, 19.....
(Month) (Day) (Year)

FULL* FATHER
NAME Ben Charles Fox

FULL* MOTHER
MAIDEN NAME Jessie Fake Bemis

I HEREBY CERTIFY that the child described herein has
been named

Julia Plum Fox

(Give name in full)

(Surname)

Jessie Fake Fox
(Parent's Signature)

(Signature of Physician or Midwife)

*These items to be entered by the local registrar before giving out this form.

Blank supplemental reports of birth may be obtained from the local registrar.

SM 6-1-38

167-928-122